

March 24, 1997

SURVEY OF LOCAL FORMS AND FORM LETTERS (RCN 10-96-05)

1. PURPOSE: The purpose of this Veterans Health Administration (VHA) Directive is to provide policy and procedures for the review of each facility's local forms inventory and to report the number of local forms and form letters eliminated (Report Control Number (RCN) 10-96-05).

2. BACKGROUND: VHA made a commitment to reduce the number of forms and form letters by 50 percent. To accomplish this, VHA Headquarters distributed a series of forms designed for local overprint. Overprints which do not change the intent or content of the basic form are not considered separate forms and are not included in the count of the number of forms in use. Since VHA Headquarters approval is not required, use of overprints significantly decreases local administrative processing time.

3. POLICY: In support of the Paperwork Reduction Act and to reduce the paperwork burden and promote cost efficiency, VHA will eliminate forms and form letters no longer used effectively.

4. ACTION

a. Authority to use any local form approved before January 1, 1986, is hereby withdrawn. No form approved before that date may be used. If one of these forms is still essential and cannot be canceled under the criteria listed in Attachment A, paragraph 1, submit VA Form 559, Request for New or Revised Field Station Form or Form Letter, to VHA Headquarters (161A4) for approval in accordance with the VHA Supplement to MP-1, Part II, Chapter 4.

b. Each VHA medical center must complete a survey of all existing facility specific or local forms and form letters to determine the number in use.

c. Specific instructions for completing this survey are contained in Attachment A.

d. **Report.** Written responses are required from every VHA medical center. Submit responses to VA Central Office, VHA Forms Officer, through the appropriate VISN (VISN ___/161A4), 810 Vermont Avenue, N.W., Washington, DC 20420, no later than May 30, 1997. **NOTE:** *RCN 10-96-05 is assigned.*

6. DEFINITIONS

a. **Local Form.** Also known as a Field Station or Facility Specific Form. These are forms authorized for use at only one field facility.

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b. **Standard Form (SF).** Forms approved by the General Services Administration (GSA) for mandatory use by Government agencies.

c. **Standardized Form.** Forms developed by Central Office and VHA Headquarters for use in Central Office, VHA Headquarters and/or field facilities.

7. REFERENCES

a. MP-1, Part II, Chapter 4; "Form and Form Letter Control;" VHA Supplement to MP-1, Part II, Chapter 4, "Form and Form Letter Control."

b. MP-1, Part II, Chapter 1; "Paperwork Management;" VHA Supplement to MP-1, Part II, Chapter 1, "Paperwork Management."

c. Title 5, Code of Federal Regulations (CFR), Part 1320.

8. RESCISSION: This VHA Directive expires June 30, 1997.

S/ by Mike Hughes for
Kenneth W. Kizer, M.D., M.P.H.
Under Secretary for Health

Attachments

DISTRIBUTION: CO: E-mailed 3/24/97

FLD: VISN, MA, DO, OC, OCRO, and 200 - FAX 3/24/97

EX: Boxes 104, 88, 63, 60, 54, 52, 47, and 44 - FAX 3/24/97

ATTACHMENT A

INSTRUCTIONS FOR COMPLETION OF SURVEY OF LOCAL FORMS
(RCN 10-96-05)

1. Review Attachment B, Listing of Active Field Facility Forms, which shows the active forms approved for use at your facility after January 1, 1986. Indicate "Canceled" if any of the following apply:

- a. The form is duplicative or is no longer needed.
- b. The local form is one that can be overprinted on a VA Standardized Form:

(1) Although almost any VA Standardized Form can be overprinted, VA Forms of the 10-0114 series, Generic Overprint Forms, were specifically designed for that purpose. Attachment C contains samples of these forms for reference purposes only.

(2) Existing stock of the form to be overprinted may be used until supplies are exhausted.

(3) Overprints filed in the Consolidated Health Record (CHR) do not require VHA Headquarters approval. All documents filed in the CHR require approval of the facility Medical Records Committee.

c. The form does not fit the definition of forms found in MP-1, Part II, Chapter 4. These items may be assigned a local administrative number for control purposes. Non-forms include:

(1) Items which do not contain fill-in data (such as instructions, labels, etc.).

(2) Forms with an annual usage of less than one hundred.

(3) Form letters. For reporting purposes, form letters are no longer counted as forms. Authority to approve local form letters has been decentralized to the facility level.

d. The document unnecessarily contains a form number. This includes:

(1) Any generic form purchased from private industry, when the form remains exactly as stocked by the supplier (e.g., without addition of a VA Form Number, name of the facility, etc.). These items may be purchased as supply items in the same manner as pencils or photocopy paper.

(2) Computer-generated items assigned a form number for filing purposes only.

(3) Local form numbers assigned when changing the color or construction of Standardized Forms.

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2. Indicate “Active” on Attachment B if the form is still considered essential and it does not fit any of the criteria for canceling listed in paragraph 1.
3. Complete Attachment D, VA Form 10-21007A(NR), 1996 VHA Local Forms Survey. Indicate “No Response” on any Section which is not applicable to your facility.
 - a. **Section I**. List suggestions for additional Generic Overprint Forms and briefly explain how the form would be used.
 - b. **Section II**. List recommendations for the development of new standardized forms. Provide a short justification for each proposed form.
 - c. **Section III**. Indicate the number of any active form approved by VHA Headquarters after January 1, 1986, that is missing from Attachment B. One copy of both the VA Form 559, Request for New or Revised Field Station Form or Form Letter, and the approved form must also be submitted.
4. Complete VA Form 10-21007B(NR), Endorsement to VHA Forms Officer (161A4). This form must be signed by the person completing the Survey (surveyor) and the medical facility Director.
5. Discontinue use of any local form which does not have the required approval of VHA Headquarters. If the form is absolutely essential, request official approval in accordance with the VHA Supplement to MP-1, Part II, Chapter 4, paragraph 401.05.
6. RCN 10-96-05 is due in VHA Headquarters (161A4) no later than May 30, 1997: The report must include the following:
 - a. Attachment B, with each form annotated either “Active” or “Cancel”.
 - b. All three sections of Attachment D, VA Form 10-21007A(NR).
 - c. Completed Attachment E, VA Form 10-21007B(NR).

ATTACHMENT B

This Attachment is facility specific. Copies are available in the
Directive, Forms and Records Management Office (161A4),
located in Room 675 V, VA Central Office

ATTACHMENT C



DEPARTMENT OF VETERANS AFFAIRS

SOCIAL WORK SERVICE- REPORTS AND SUMMARIES

COMMENTS

(Each entry must be dated and followed by the typed/printed name and signature of the social worker)

SAMPLE

TURN UP AND CONTINUE ON REVERSE

IMPRINT FROM PATIENT DATA CARD

MEDICAL RECORD
SOCIAL WORK SERVICE
REPORTS AND SUMMARIES

VA FORM
DEC 1980 **10-1349**



DEPARTMENT OF VETERANS AFFAIRS

MEDICAL RECORD

SUPPLEMENT DEFINED DATA BASE

SUPPLEMENT TO STANDARD FORMS *(Check one)*:

☐ SF 504

☐ SF 505

SF 506

SUPPLEMENT TO VAF 10-7978G SERIES *(Check one)*

☐ PART I

☐ PART II

☐ PART IV

☐ PART V

Prepared By *(Signature and Title)*

Service

Date

SAMPLE

(Continue on Reverse)

IMPRINT FROM PATIENT DATA CARD

**SUPPLEMENTAL
DEFINED
DATA BASE**

VA FORM
JUL 1982

10-7978G

	DEPARTMENT OF VETERANS AFFAIRS	MEDICAL RECORD	OVERALL TREATMENT PLAN

IMPORTANT: Check Appropriate Box ☐ Initial ☐ Change to Treatment Plan ☐ Discharge Planning

INSTRUCTIONS: Following an assessment of the patients problems, the initial treatment plan will be documented on this form. This plan will specify the overall diagnostic and therapeutic activities that will be undertaken in regard to each of the patient's problems and the specific staff members responsible for carrying out these activities. Specific mention will be made of plans for specialized rehabilitation services, patient education, discharge, and follow-up. Revisions of the treatment plan will be made on this form, if appropriate, or on additional copies of this form. (VA Form 10-0043A, Service Treatment Plan, will be used if needed.)

SAMPLE

VA Form 10-0043A, Service Treatment Plan, is designed to look like this form.

Signature/Title of Practitioner	Signature/Initial of Approving Official	Date
IMPRINT FROM PATIENT DATA CARD		<p>MEDICAL RECORD</p> <p>OVERALL TREATMENT PLAN</p>

VA FORM
SEP 1989 **10-0043**



DEPARTMENT OF VETERANS AFFAIRS

MEDICAL RECORD

RECREATION SERVICE DATA BASE
AND ASSESSMENT

INSTRUCTIONS: *This form will be used by all therapists to document: 1) individual patient data used in multidimensional analysis of health care related factors; 2) findings of Leisure Problem Screening (LPS), Comprehensive Leisure Assessment (CLA) and/or Activity Assessment.*

SAMPLE

Signature/Title of Practitioner

Date

IMPRINT FROM PATIENT DATA CARD

RECREATION SERVICE
DATA BASE
AND
ASSESSMENT

VA FORM
MAY 1990

10-0091

SAMPLE

VA Form 10-0096A, Nursing Documentation, is like this form except that it is designed for horizontal overprints

IMPRINT FROM PATIENT DATA CARD

MEDICAL RECORD
NURSING DOCUMENTATION



DEPARTMENT OF VETERANS AFFAIRS

MEDICAL FACILITY WORKSHEET

DO NOT INCLUDE THIS DOCUMENT IN A PATIENT'S MEDICAL RECORD

SAMPLE

VA Form 10-0114A, Medical Facility Worksheet, is a 8-1/2" x 11" sheet
VA Form 10-0114B, Medical Facility Worksheet, is a 11" x 8-1/2" sheet
VA Form 10-0114C, Medical Facility Worksheet, is a 8-1/2" x 14" sheet
VA Form 10-0114D, Medical Facility Worksheet, is a 14" x 8-1/2" sheet
VA Form 10-0114E, Medical Facility Worksheet, is a 5" x 3" index card
VA Form 10-0114F, Medical Facility Worksheet, is a 8" X 5" index card
VA Form 10-0114E, Medical Facility Worksheet, is a 5" x 3" index card
VA Form 10-0114F, Medical Facility Worksheet, is a 5-1/2" x 8-1/2" sheet



DEPARTMENT OF VETERANS AFFAIRS

DOCUMENTATION OF QUALITY ASSURANCE REVIEWS

THIS INCLUDES REVIEWS FOR CONTINUOUS MONITORS, MEDIPRO, OCCURRENCE SCREENING, UTILIZATION REVIEW, ETC.

SAMPLE

VA Form 10-0114I, Documentation of Quality Assurance Reviews, is 11" x 8-1/2"

SAMPLE

VA Form 10-0114J-1, Supplement to Progress Note for Specialized Disciplines, is like this form except that it is designed for horizontal overprints

SIGNATURE AND TITLE OF PRACTITIONER		DATE
IMPRINT FROM PATIENT DATA CARD	MEDICAL RECORD SUPPLEMENT TO PROGRESS NOTE FOR SPECIALIZED DISCIPLINES	

SAMPLE

VA Form 10-0114K-2, Continuation of VA Form 10-_____, is like this form except that it is designed for horizontal overprints

IMPRINT FROM PATIENT DATA CARD

MEDICAL RECORD
CONTINUATION OF VA FORM
10- _____

SAMPLE

VA Form 10-0114L-2, Doctor's Orders, is like this form except that it is designed for horizontal overprints

IMPRINT FROM PATIENT DATA CARD

MEDICAL RECORD
DOCTOR'S ORDERS-VERTICAL

SAMPLE

VA Form 10-0114M-2, Test/Exam Request, Results or Report, is like this form except that it is designed for horizontal overprints

IMPRINT FROM PATIENT DATA CARD

MEDICAL RECORD

**TEST/EXAM REQUEST, RESULTS
OR REPORT (VERTICAL)**

VA FORM
SEP 1993

10-0114M-1



DEPARTMENT OF VETERANS AFFAIRS

MEDICAL RECORD

SAMPLE

To be filed in the CHR, a form must be 8-1/2" X 11" (or be folded to that size), have a space for the imprint of the Patient Data Card, be designed to preclude obliteration of information when it is bound in the CHR, and designed so that removal from the CHR is not necessary to assess previously documented information. Use these forms as a printer's dummy to submit your print order to your servicing Regional Government Printing Office, in accordance with MP-1, Part II, Chapter 9.

VA Form 10-0114N is 6-fold heavy weight paper
VA Form 10-0114o is 3-fold heavy weight paper
VA Form 10-0114P is 2-fold heavy weight paper

IMPRINT FROM PATIENT DATA CARD

**ASSESSMENT, CARE PLAN, FLOW SHEET
(6-FOLD)**

VA FORM 10-0114N
SEP 1991

SAMPLE

VA Form 10-0114Q-2, Flow Sheet, is like this form except that it is designed for horizontal overprints

IMPRINT FROM PATIENT DATA CARD

MEDICAL RECORD
FLOW SHEET-VERTICAL



DEPARTMENT OF VETERANS AFFAIRS

VHA FAX TRANSMITTAL

This transmission is intended only for the use of the person or office to whom it is addressed and may contain information that is privileged, confidential, or protected by law.


All others are hereby notified that receipt of this message does not waive any applicable privilege or exemption from disclosure and that any dissemination, distribution, or copying of this communication is prohibited.

If you received this communication in error, please notify us immediately at the telephone number shown below. Thank you.

SAMPLE

To	Fax Number <input type="checkbox"/> FTS <input type="checkbox"/> Commercial	Date	No. Pages Attached
Subject			
From	Telephone Number <input type="checkbox"/> FTS <input type="checkbox"/> Commercial		

ATTACHMENT D

		DEPARTMENT OF VETERANS AFFAIRS		1997 VHA LOCAL FORMS SURVEY	
FACILITY NAME				FACILITY NUMBER	
Continue on blank sheets of paper if necessary.					
SECTION I					
SUGGESTIONS FOR NEW GENERIC OVERPRINT FORMS					
SUBJECT			HOW THIS WILL BE USED		

1997 VHA LOCAL FORMS SURVEY, CONTINUED

FACILITY NAME

FACILITY NUMBER

SECTION II**SUGGESTIONS FOR NEW STANDARDIZED FORMS**

SUBJECT

JUSTIFICATION

1997 VHA LOCAL FORMS SURVEY, CONTINUED

FACILITY NAME


FACILITY NUMBER

SECTION III SUGGESTIONS FOR NEW STANDARDIZED FORMS

FORM NUMBER	TITLE	DATE OF	
		APPROVAL	REVISION

ATTACH A COPY OF THE APPROVED LOCAL FORM AND THE APPROVED VA FORM 559, REQUEST FOR NEW OR REVISED FIELD STATION FORM OR FORM LETTER FOR EACH ITEM LISTED.

ATTACHMENT E

		DEPARTMENT OF VETERANS AFFAIRS		ENDORSEMENT TO: VHA FORMS OFFICER (161A4)	
FACILITY NAME				FACILITY NUMBER	
NUMBER OF FORMS & FORM LETTERS CANCELED BY THIS SURVEY			NUMBER OF ACTIVE LOCAL FORMS		
<p>This Endorsement certifies that:</p> <ol style="list-style-type: none">1. Attachment B, Listing of Active Local Forms, was reviewed as requested. Each form that is considered essential is marked "Active" and all others are annotated "Cancel".2. Suggestions for new Generic Overprint Forms are listed in Section I of VA Form 10-21007A(NR) together with a brief explanation how each form will be used.3. Suggestions for new Standardized Forms are listed in Section II of VA Form 10-21007A(NR) together with a brief justification for each form.4. Active local forms approved by VHA Headquarters after January 1, 1986 which were missing from Attachment B are listed on Section III of VA Form 10-21007A(NR). Also attached are copies of each missing form and the approved VA Form 559, Request for New or Revised Field Station Form or Form Letter.5. The facility Forms Activity was reviewed to assure that all local forms in use have VHA Headquarters approval.					
SIGNATURE OF PERSON COMPLETING SURVEY (SURVEYOR)				DATE	
SIGNATURE OF FACILITY DIRECTOR				DATE	

